

Victorville Municipal Utility Services

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Energy Efficiency (EE) Program Application

	Assessment and Custo	was Cantast Ind		
	Account and Custo	omer Contact in	formation	
Company Name:				
Gas Account Number:		Electric Account Number:		
	Ziosino / toodani / rambon			
Service Address:				
Mailing Address:				
Authorized Representative:		Title:		
Email Address:	Phone No.:			
EE Program Category & Project Information				
☐ Energy Audits (1)	Incentives (3)	☐ City Facilities (5)		
☐ Lighting Incentives (2) ☐ Custom EE Ir		centives (4)	Utility-Side Project/Activity (6)	
Brief Project Description (required for EE Program Categories 2 – 6):				
Has the project already been completed? No Yes Date of Completion:				
Existing/Standard Equipment & Materials (required for EE Program Categories 2 – 5)				
Description/Function	Manufacturer/Model	▼ Total Annual Operating Hours	9	Eq./Material Cost (if Purchased New)
Description/Function	Mariuracturer/Model	Operating Hours	s (kwii/iiieiiiis)	(II Fulchased New)
New/Installed Equipment & Materials (required for EE Program Categories 2 – 5)				
Description/Function	Manufacturer/Model	▼ Total Annual Operating Hours	9	Eq./Material Cost
Description/Function	Maridiacturei/Model	Operating Flours	s (KWII/THEIIIIs)	Eq./iviaterial Cost
Applicant Attestation				
By signing below, I certify that I have read, understand and agree to abide by the terms and conditions contained				
in the VMUS Energy Efficiency Program (Exhibit A of Resolution 14-040) and that the information provided on this				
form and any supplemental docu	ments is accurate and	complete.		
Authorized Representative Signature:			Date:	